

# Well Contractor

## Examination Application

IOWA DEPARTMENT OF NATURAL RESOURCES  
401 SW 7th St, Suite M, Des Moines IA 50309  
515/725-0284 laurie.sharp@dnr.state.ia.us

\_\_\_\_\_  
Social Security Number

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name; Box Number)

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Email: \_\_\_\_\_

### GENERAL INSTRUCTIONS

- Please complete all sections full and accurately.
- An incomplete or illegible application will be returned unprocessed.
- Application and fees must be received a minimum of 30 days prior to desired exam date.
- All applications are subject to verification.

IDNR Cashier Use Only

Make check or money order payable to: Iowa Department of Natural Resources

**Mail your application and fees to: Operator Certification**  
**P.O. Box 14573**  
**Des Moines, IA 50306-3573**

### Type of Exam:

☐ **Well Contractor / Driller:** ☐ **Provisional**  
**2 yrs employment & 2000 hrs work experience in Class 1 &**  
**Class 2 well construction (\$100 Fee)**

Exam Location & Date Requested: \_\_\_\_\_

☐ **Well Contractor/ Pump Installer :** ☐ **Provisional**  
**2 yrs employment & 1000 hrs work experience in the**  
**installation, repair, and maintenance of water systems (\$100 Fee)**

Exam Location & Date Requested: \_\_\_\_\_

☐ **Both Well Contractor Driller & Pump Installer** ☐ **Provisional**  
**All the above. (\$150 Exam Fee)**

Exam Location & Date Requested: \_\_\_\_\_

I HEREBY CERTIFY that this application contains no willful misrepresentations or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of:  
IOWA DEPARTMENT OF NATURAL RESOURCES

SIGNATURE IN INK \_\_\_\_\_ DATE \_\_\_\_\_

# WELL SERVICES EMPLOYMENT RECORD

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

HIRE DATE (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ HOURS OF EXPERIENCE \_\_\_\_\_

LIST DUTIES RELEVANT TO CONTRACTOR SERVICES:

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EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

HIRE DATE (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ HOURS OF EXPERIENCE \_\_\_\_\_

LIST DUTIES RELEVANT TO CONTRACTOR SERVICES:

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## **Provisional Well Contractor Applicants Only**

(Those applicants with only one half of the employment and experience required for full certification.)

I hereby certify there is a shortage of certified well contractors (drillers & pump installers) in the geographical area of the state I intend to operate; I have at least one year of work experience in well services performed under the direct supervision of a certified well contractor and the Certified Contractor cosigning this application agrees to be jointly liable for a violation of the rules regarding well construction, maintenance or plugging provided by myself, and the violation is grounds for suspension or revocation of the certification of the certified well contractor and myself, as the provisionally certified well contractor.

\_\_\_\_\_  
APPLICANT FOR PROVISIONAL CERTIFICATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CERTIFIED CON-SIGNOR

\_\_\_\_\_  
CERT #

\_\_\_\_\_  
DATE